## P08 000053962

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SECREIME OF STATE
TALLAHASSEE, FL

## **COVER LETTER**

SUBJECT:  Jax Anesthesia, P.A.  DOCUMENT NUMBER: P08000053962  The enclosed Articles of Dissolution and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  Kristopher D. Robinson  (Name of Contact Person)  Robinson Collins  (Firm/Company)  1604 Stockton Street  (Address)  Jacksonville, Florida 32204  (City/State and Zip Code)  For further information concerning this matter, please call:  Kristopher D. Robinson  at (904) 483-3857  (Name of Contact Person)  Enclosed is a check for the following amount:  \$\begin{array}{c} \$335 \text{ Filing Fee} & \$\begin{array}{c} \$\$43.75 \text{ Filing Fee} & \$\begin{array}{c} \$\$52.50 \text{ Filing Fee}, \$\$ Certificate of Status & Certified Copy (Additional copy is enclosed)  Mailing Address:  Amendment Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee	<b>TO:</b> Amendment Section Division of Corporations				
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Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION

FILED ".

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following afficients of dissolution:

SECRETARY OF STATE TALL AHASSEE, FL

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Jax Anesthesia, P.A.

SECOND: The document number of the corporation (if known): P08000053962

THIRD: The date dissolution was authorized: 12-28-21

Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: Can Konin

FOURTH:

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

James Reiman

(Typed or printed name of person signing)

Director and President

(Title of person signing)

Filing Fee: \$35